



**City of Chelsea**  
**Office of the Treasurer/Collector**  
**City Hall, 500 Broadway**  
**Chelsea, Massachusetts 02150**

**Robert B. Boulrice**  
**Treasurer/Collector**  
**Phone: (617) 466-4240**  
**Fax: (617) 466-4249**

**CUSTOMER SERVICE AND COLLECTIONS**  
**REQUEST FOR CITY TRASH PICKUP**

I the undersigned owner of the property listed below hereby apply for trash removal to be furnished by the City of Chelsea.

DATE: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COPY:

RUSSELL DISPOSAL INC FAX (617)776-0000

DEPARTMENT OF PUBLIC WORKS

CENTRAL BILLING AND RESEARCH

EDIT COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_